

Developmental Disabilities Program Policy and Procedures Manual		Control # 01.03.405
Volume 1: Program Administration	Section 3: Developmental Disabilities Program Policies	
	Subject: Children's Waiver Services Policy and Procedures	

I. Purpose:

This policy describes how individuals become eligible and are then referred for and selected for Children's Waiver Services (CWS) using an individualized service system. In this system, using standardized reimbursement rates, individuals are screened into funding allocations that are called resource vacancies. Resource vacancies are not attached to the provider of service, but are retained by the state until the resource vacancy is filled. Once an individual is screened into a resource vacancy, they can select services from available qualified providers willing to serve them.

II. Definitions:

Children's Waiver Services: Services to individuals with Developmental Disabilities and their families provided under the Home and Community Based Services 0208 Medicaid Waiver as described in 37.34.208, ARM; 37.34.901, et. seq., ARM.

Children's Waiver Referral Packet Checklist: A list of items required for a complete Children's Waiver Services referral packet.

Children's Waiver Service Regions: Montana is divided into geographical regions and each region is supervised by a Regional Manager. Children's Waiver Services are delivered by providers who are responsible for the comprehensive provision of Waiver Services to the entire region(s) in which they are qualified by the Developmental Disabilities Program to serve unless otherwise negotiated, subcontracted, or provided by interagency agreement and approved by the Developmental Disabilities Program Regional Manager.

Developmental Disabilities Program (DDP): A program for individuals with Developmental Disabilities within the Montana Department of Public Health & Human Services. The Developmental Disabilities Program provides services and supports in the community to children and adults with Developmental Disabilities through qualified provider agencies and families who self-direct some of their supports. The Department contracts with the qualified providers to provide community-based services to eligible persons with Developmental Disabilities and their families.

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Eligibility and Referral Specialist: An individual employed by the Developmental Disabilities Program to determine eligibility for services, assure referral information is complete and facilitate the screening process for placement into services, when a resource vacancy occurs. The Eligibility and Referral Specialist is responsible for maintaining data in order to determine when a resource vacancy will be allocated to either children or adult services.

Eligibility Review Panel: (ERP) A provider committee that determines eligibility for Children under the age of 8. The Eligibility Review Panel must have at least 3 members including a Waiver Children's Case Manager and a provider administrator/supervisor. A state Quality Improvement Specialist may be a member, if available. It is recommended that one of the members of the Eligibility Review Panel be the staff person who has had the most recent contact with the applicant.

Family: The natural parents, adoptive parents, foster parents, grandparents, guardians, stepparents or others with whom a child lives, who are legally responsible for the child's welfare.

Family Support Specialist: An individual employed by a qualified provider of Children's Waiver Services who provides services for eligible individuals with Developmental Disabilities and their families, who is certified by the Developmental Disabilities Program of the Department of Public Health and Human Resources to deliver Waiver Coordination/Case Management and Caregiver Training and Support Services.

Individual Cost Plan (ICP): An allocation of dollars based on the Mini-MONA which determines the service dollars needed to meet the health and safety of the individual service recipient.

Individual Cost Plan Transferable Funds: The total annualized allocation of funds in an individual's cost plan which includes:

- Transportation – Residential Integration
- Transportation – Commute

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Family Education and Support, Part C, Evaluation and Diagnosis, and any other services purchased through contract and not through the Individual Cost Plan process are not transferable, this includes one-time funding or temporary funding. Funds available for transition into adult services will be the individual's current cost plan at the time of transition.

Individualized Family Service Plan (IFSP): A written plan for organizing and directing the delivery of Family Education and Support Services to a child and the child's family. The plan of care is based on a family's concerns and priorities for resources, supports, and assistance. The plan helps each family establish and achieve its goals. This plan is part of a dynamic planning process undertaken by an interdisciplinary team in which the family is the primary member of the team and guides the service plan as referenced in Developmental Disabilities policies and procedures.

Individual Needs Range: The range of dollars needed to provide services to a person. For the purpose of children's screening ranges will be calculated as follows:
Lower end of range: 80% of Mini-Mona (or 80% of estimated ICP for outliers)
Upper end of range: 100% of MONA (or 100% of estimated ICP for outliers)

Mini - MONA: An assessment tool used by the Family Support Specialist/ Waiver Children's Case Manager which is the basis for determining an Individual Cost Plan for children under the age of 16 who are in natural home settings. The Mini-MONA serves as a guide in determining the resource allocation needed. The Mini-MONA must be completed before the individual can be screened into services. Thereafter, a Mini-MONA must be completed when an individual's needs change.

MONA: The Montana Individual Resource Allocation Guideline (MONA) is a protocol designed to ensure the fair and equitable allocation of Waiver resources to support individuals with Developmental Disabilities aged 16 and older.

Porting: An individual may change services or providers using his or her funding allocation according to the Individualized Services and Porting Guidelines.

Prioritization Rating Scale: A scale used by state Quality Improvement Specialists during a screening to determine level of need for the individual applicants which includes the Provider Rating Score plus the Unusual Circumstance Points.

Provider Rating Score: A rating scale found in the referral packet for Children's Waiver Services that must be used consistently, as instructed in the packet, by all

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providers. The Disability Rating Scales for behavioral, medical and developmental disabilities and the "Finalizing the Disability Rating: Putting It All Together" rating instructions developed by Dr. Bill Cook, must be used as written to determine the level of behavioral, developmental and medical disability of an individual. This tool is completed by the Family Support Specialist/Waiver Children's Case Manager and must be approved by the state Quality Improvement Specialist.

Quality Improvement Specialist: Developmental Disabilities Program staff in a field-based position responsible for monitoring providers and making placement decisions for Children's Waiver Services based on the referral packets prepared by the providers.

Qualifying Individual: For each screening a "Qualifying Individual" is a person who will be considered for the resource vacancy at the screening. A qualifying individual for a screening is one who:

1. Is on the waiting list distributed the week before the screening date,
2. has a complete and current referral (referral made or all documents updated if needed, within 365 days),
3. qualifies financially for the funding of the resource vacancy (the person must be able and willing to obtain Medicaid) and;
4. is waiting for services in the region where the screening will be held.

Qualified Provider: An agency determined by the Developmental Disabilities Program to be qualified to provide Developmental Disabilities Services to eligible persons and has a contract with the Department of Public Health & Human Services to provide services to individuals and their families.

Referral Packets: Referral packets for Children's Waiver Services must contain the items listed on the Children's Waiver Referral Packet Checklist and must be updated within 365 days of original submission.

Regional Manager: A person employed by the Developmental Disabilities Program in one of the field-based (regional) supervisory positions.

Children's Waiver Services Screening Committee: A team consisting of at least two Developmental Disabilities Program Quality Improvement Specialists and/or a Regional Manager in the region where the screening will be held. The committee is responsible for determining who has the highest need for the resources available utilizing the Provider Rating Score.

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Waiting List: A compilation of the names of individuals requesting services, who meet eligibility requirements, whose Mini-MONA's are \$23,000 or less and are willing to accept services immediately or within the next 30 days. Children needing group home placement will be screened according to the Adult Services and Children's Group Home Policy requirements.

Waiting List Entry/ Change Form: A form submitted by the Waiver Children's Case Manager to the local Quality Improvement Specialist for adding a child to or removing a child from the waiting list.

Waiver: The Home and Community Based Services 0208 Medicaid Waiver for adults and children with Developmental Disabilities.

Waiver Children's Case Manager: The Family Support Specialist who provides Waiver-funded Children's Case Management support coordination services for children and their families.

Waiver Caregiver Training and Support: A Waiver-funded service that provides Caregiver Training and support to individual children and their families.

III. Comprehensive Provision of Children's Waiver Services by Qualified Providers:
Qualified providers must provide services according to their contract for the areas of the Region in which they are qualified by the Developmental Disabilities Program to serve. The qualified provider ensures provision of services as follows:

- A. The qualified provider must provide by direct provision of services, or as otherwise negotiated, subcontracted, or provided by interagency agreement between two qualified providers all Waiver services agreed to in their contract. Such provision of services as otherwise negotiated, subcontracted or provided by interagency agreement and all subsequent amendments, must be approved by the Developmental Disabilities Program Regional Manager.
- B. The provider can decline provision of Children's Waiver Services to an individual in their region(s) under the following circumstances:
 1. The provider was selected to provide Children's Waiver Services in the Regional Office rotation process, as described in Section V, A. 4. herein, but the direct provision of services has been otherwise negotiated, subcontracted, or provided by interagency agreement with another

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qualified provider as approved by the Developmental Disabilities Program.

2. By approval of the Regional Manager, the provider may decline provision of Children's Waiver Services to an individual due to applicable circumstances outlined in the Developmental Disabilities Program Exit Policy.

IV. Children's Waiver Services Eligibility Determination for an Individual Currently Receiving Other Developmental Disabilities Program Services (Part C Early Intervention Services or Family Education and Support Services):

A. Referral to Children's Waiver Services:

The Family Support Specialist/Waiver-Funded Children's Case Manager gathers all items on the Children's Waiver Referral Packet Checklist and submits the information to the provider's Eligibility Review Panel for determination of eligibility if the child is under the age of eight. Placement on the Children's Waiver Services waiting list may follow, however, the individual must be determined Developmentally Disabled by Montana state definition, meet level of care requirements for the 0208 Waiver and be able to be Medicaid eligible in order to receive Children's Waiver Services.

B. Children's Waiver Service Eligibility:

1. **For children from birth through age 7**, the qualified provider's Eligibility Review Panel reviews the referred eligibility documentation to determine the individual's eligibility for placement on the waiting list for Children's Waiver Services (37.34.208, et. Seq., ARM). The decision of the Eligibility Review Panel is made by consensus vote of the panel members. The panel must have at least 3 members including a Family Support Specialist/ Waiver Children's Case Manager and a provider administrator/supervisor. A state Quality Improvement Specialist, if available, may be a participating member. It is recommended that one member of the provider's Eligibility Review Panel be the staff person who has the most recent contact with the family and the applicant.

Optional Eligibility Review Panel members who may be invited are the provider's Evaluation Coordinator, Intake Coordinator, Program Coordinator and Fiscal Coordinator.

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The Quality Improvement Specialist assigned to the provider must initial the minutes of the meeting. If the Quality Improvement Specialist is not in attendance, they must review the information and agree to the decision before it becomes official.

Prior to a child's 8th birthday the Waiver Children's Case Manager completes the steps outlined in Section A, but, submits the eligibility materials with a cover letter requesting an eligibility determination to the Eligibility and Referral Specialist. The Eligibility & Referral Specialist will complete the Eligibility Determination Form for Children aged 6-17, as outlined in the Developmental Disabilities Program Eligibility Manual. Eligibility for Developmental Disabilities Program funded services cannot be established in the absence of an approved psychological test instrument and an approved adaptive behavior assessment for any child aged 8 or older. The Eligibility Form for Children in Waiver Services and Family Education and Support Services will be completed by the Eligibility and Referral Specialist and sent to the Family Support Specialist/Waiver Services Children's Case Manager. A letter informing the Family Support Specialist/Waiver Children's Case Manager and the child's family of the eligibility decision will also be sent by the Eligibility and Referral Specialist.

All children age 8 and older or who turn 8 while on the waiting list for Waiver Services must have an eligibility determination completed by the Eligibility and Referral Specialist with a completed children's eligibility form. The Family Support Specialist/Waiver Services Children's Case Manager will supply the Eligibility and Referral Specialist with the necessary information and the Eligibility and Referral Specialist will complete the eligibility form.

All children age 8 and older presently being served by Children's Waiver Services, must have an eligibility determination done by the Eligibility and Referral Specialist with a completed children's (or adult if appropriate) eligibility form. The Family Support Specialist/Waiver Services Children's Case Manager will supply the Eligibility and Referral Specialist with the necessary eligibility information and the Eligibility and Referral Specialist will complete the eligibility form.

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2. If the child is found eligible by the Eligibility Review Panel to be placed on the waiting list for Children's Waiver Services, the individual's family is notified by their provider. The referral for services packet is completed by the assigned Family Support Specialist/ Waiver Services Children's Case Manager and submitted to the regional Quality Improvement Specialist.
3. If the individual is found to be not eligible for Children's Waiver Service, the individual's Family Support Specialist/Waiver Services Children's Case Manager will be notified by the Quality Improvement Specialist, unless the child is age 8 or older and then they will be notified by the Eligibility and Referral Specialist. Once both the family and provider are notified the provider will offer advice, assistance, and appropriate referral to other resources. The provider will notify the family of their right to appeal and to Fair Hearing. If the individual's level of disability changes after they were found not eligible for Children's Waiver Services, the Family Support Specialist/ Waiver Services Children's Case Manager may make another application for eligibility for Children's Waiver Services.
4. An adverse decision regarding eligibility for Children's Waiver Services waiting list determined by the Eligibility Review Panel may be appealed through the provider's internal grievance procedure, or through the Department's Office of Fair Hearing. If the state Eligibility and Referral Specialist determined eligibility it may be appealed through the Department's Office of Fair Hearing as specified in Administrative Rule 37.5.115.

V. Children's Waiver Service Eligibility Determination for an Individual NOT Currently Receiving Other Developmental Disabilities Program Services (Part C Early Intervention Services or Family Education and Support Services):

If a referral for Children's Waiver Services is initially made for an individual, who is not currently receiving Developmental Disability Services, the family's first step is to select a qualified provider.

A. Referral and Selection of Qualified Provider:

1. If a referral for Children's Waiver Service is initially made for an individual, who is not currently receiving Developmental Disability Services, to a qualified provider, the provider presents a description of available Developmental Disability Services in the region to the family

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and provides contact information for the Regional Office. The family can choose to continue with the contacted qualified provider to complete the eligibility and referral process, or may elect to contact another qualified provider, or can elect to contact the Regional Office for more provider information.

2. If the contacted provider elects to decline the initial referral as described in Section III, B.1., then, the provider has the responsibility to contact the Regional Office as soon as possible with notification of the referral information.
3. If a referral for Children's Waiver Service is made for an individual who is not currently receiving Developmental Disability Services to a Regional Office, the Regional Office will, within 5 working days from the date of the referral, present the family with a description of available Developmental Disability Services in the region and a list of qualified providers in the region. Within 10 working days from the date the family is presented with the services information from the Regional Office, the family will select a qualified provider and notify the Quality Improvement Specialist of the decision, or the Regional Office will implement the qualified provider rotation process. An additional extension of 10 working days may be granted to the family under special circumstances; however, the family must notify the Quality Improvement Specialist of the need for the extension of time. The Quality Improvement Specialist will notify the family of their decision.

The Regional Offices will develop and implement internal procedures to follow when a referral for Children's Waiver Services is made to the Regional Office.

4. **Qualified Provider Rotation Process:**
 - a. If the referred family does not make a selection of a provider from the list of qualified providers in their region, then the provider rotation process will be implemented by the Regional Office.
 - b. The Regional Offices' internal procedures will include a rotation process whereby the names of all qualified providers within their region are listed, and the names will be rotated from the top of the

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list to the bottom of the list. The referral is made to the provider on the top of the list. Once the referral has been made to the provider at the top of the list, that provider's name goes to the bottom of the list and the next name moves to the top of the list, and the rotation continues. Initially, each Regional Office will begin a list of Children's Waiver Service providers in their region by placing them in alphabetical order. When a new provider is added to the list, the new name will be placed at the bottom of the list in the rotation process.

- c. The Regional Office will assign a Quality Improvement Specialist to the referred family and, as needed, will facilitate the selection of a provider, which may include scheduling interviews between the family and potential providers and providing additional information, brochures, and materials.
5. The family may choose a different provider, other than the one at the top of the rotation list.
6. The provider selected to provide Children's Waiver Services in the rotation process may decline provision of services to an individual, if their direct provision of services has been otherwise negotiated, subcontracted, or provided by interagency agreement with another qualified provider as approved by the Developmental Disabilities Program, in accordance with Section III herein.
7. The Regional Offices' internal procedures will identify specific responsibilities of Regional Office personnel as they relate to referrals.

The internal procedures will include a record keeping system of the referrals made to the Regional Office, inclusive of: the date of referral, name, address and telephone number, primary source of referral (i.e. doctor, family member, etc.), the name, address and telephone number of the provider the family was referred to, the name of Regional Office staff person who assigned the referral, and the rotation made to identify the next name of the provider on the list for the next referral to the Regional Office

B. Children's Waiver Service Eligibility:

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After the individual's eligibility for Developmental Disabilities Program services has been determined, the Family Support Specialist/Waiver Services Children's Case Manager then makes the referral for the individual by assisting the family in completing the Children's Waiver Service Referral Packet. The completed packet is then submitted to the Quality Improvement Specialist responsible for monitoring the agency and the individual's name is placed on the Children's Waiver Service waiting list.

C. Right to Appeal:

An adverse decision regarding eligibility for any service, except as otherwise provided in 37.34.226, ARM, may be appealed under the provisions of 37.5.115, et. seq., ARM.

- D.** Under the procedures outlined in Section V, when an individual is referred to Children's Waiver Services who is not currently receiving Developmental Disabilities Program services, and who subsequently is determined to be eligible for placement on the Children's Waiver Services waiting list, the Developmental Disabilities Program will reimburse the selected provider's expenses related to the eligibility determination and subsequent placement on the Children's Waiver Services waiting list. The Developmental Disabilities Program will make this reimbursement one time only per eligible individual. The amount of reimbursement will be negotiated upon written request made by the provider to the Developmental Disabilities Program Central Office Fiscal Bureau.

VI. Children's Waiver Services Waiting Lists:

- A.** The Children's Waiver Services waiting list is made up of individuals whose referral packets have been completed and submitted to the Quality Improvement Specialist responsible for monitoring the agency. A Waiting List Entry/ Change Form must be submitted by the Family Support Specialist/Waiver Services Children's Case Manager to the appropriate Developmental Disabilities Program office in order for the child to be officially entered on the waiting list for Children's Waiver Services.
- B.** The Regional Offices will maintain a Children's Waiver Services waiting list for their region in the Developmental Disabilities Program database.
- C.** The Developmental Disabilities Program Central Office will maintain the

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“master” Children’s Waiver Services waiting list, inclusive of all names of eligible individuals in all five regions of Montana.

- D. If an individual is on the Children’s Waiver Services waiting list and moves to a different region or a different qualified provider, the new provider is responsible for reviewing and updating their referral packet as part of the transition process. The previous provider must supply the initial referral packet to the new provider.

VII. Screening and Entry Into Children’s Waiver Services:

The Developmental Disabilities Program has developed the following standardized set of procedures for the Children’s Waiver Services screening process, which must be implemented by the Regional Screening Committee in all Developmental Disabilities Program regions of the state. Children’s Waiver Services vacancies will be funded at the resource vacancy available determined by the Developmental Disabilities Program. The individual’s Mini-MONA allocation will determine if they are eligible to be considered for the resource vacancy. When the Eligibility and Referral Specialist notifies a region that a resource allocation is available the regional Quality Improvement Specialist responsible for the screening will:

- A. Notify regional qualified providers of the available resource within 10 working days. This notification will include the date and location of the screening. The screening date will be held within 30 calendar days of notification. The state retains the right to grant an exception to the 30-day period for unusual or extraordinary circumstances.

- 1. It is the provider’s responsibility to ensure that the information in the referral is up-to-date and relevant to the applicant’s needs. Referrals must be updated by the Family Support Specialist/Waiver Services Children’s Case Manager at least annually and at the time any significant changes occur in the person’s life. Incomplete referral packets or referral packets that do not have an update within the last 365 days will not be considered for vacancies. Providers are responsible for ensuring that staff are trained in completing the referral packets. On request, the Quality Improvement Specialist will assist with training.

- a. Referrals will be updated using the standardized statewide Waiting List Entry/ Change Form. New information or narrative information will be included in the ‘comments’ section of that form.

- b. In order to assure consideration for a screening, the referral shall

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be submitted to the Quality Improvement Specialist a minimum of 15 working days prior to the screening.

2. The Referral Packets will be reviewed for completeness by the Quality Improvement Specialist prior to the screening date. Referral packets that are not complete will be returned to the provider for completion and resubmission at the next screening.

- a. The Provider Rating Score is completed by the qualified provider. This score must be reviewed and accepted by the Screening Committee. It may be changed at the discretion of the Screening Committee based on referral information.

- b. The Screening Committee, may at its discretion, assign points for Unusual Circumstances. Assignment of points is at the consensus of The Screening Committee. In the event the Screening Committee cannot agree to the exact points, the higher score will be used.

3. To be fair to all individuals, family members, provider staff and applicants are not allowed to be present at or participate in the screening decision meeting.

- B. The Quality Improvement Specialist will sort the "Master" Waiting List Entry/Change Form Screening List distributed the week prior to the screening date and select all qualifying individuals for consideration for the Vacancy.

- C. A Prioritization Score will be determined by the Screening Committee for each Qualifying Individual. The person with the highest Prioritization Score will be given the opportunity to choose a qualified provider from those providers willing to serve the person.

1. If multiple persons have the same Prioritization Score, the person on the Waiting List Entry/ Change Form the longest whose needs can be met with the resource available will be offered the vacancy.

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- D. The Quality Improvement Specialist will be responsible for taking the minutes of the Screening Committee and will keep the screening minutes on file. Minutes will include the following:
1. Names of persons screened;
 2. Resource Vacancy for screening;
 3. Names of Screening Committee participants;
 4. Provider Rating Score for each person; and
 5. Screening date and location.
- E. The Quality Improvement Specialist is required to send a standardized written notification of selection or non-selection to each screened individual, with a copy to the individual's Waiver Children's Case Manager within 10 working days of the screening date.
1. The letter must include information for the family regarding all qualified providers of Children's Waiver Services in the area.
 - a. The Quality Improvement Specialist will act as an impartial informational resource to answer any questions the family may have in regard to available providers or to facilitate meetings between the family and the providers, if necessary.
- F. Within 10 working days, the family of the individual selected will be contacted by the Quality Improvement Specialist and a home visit scheduled with the family, the Mountain Pacific Quality Health Foundation Nurse and the state Quality Improvement Specialist. If the family wishes to invite other professionals to provide support during the meeting, they may do so.
- G. If the family of the selected individual declines the Children's Waiver Services opportunity, The first alternate selected at the time of the screening will be offered the service opportunity. If the first alternate declines, the second alternate will be offered the service opportunity. If the first individual selected and both the alternates decline the service opportunity, the resource will be re-screened following the screening policy timelines.
- H. The family has 10 working days following the date of their home visit with the Quality Improvement Specialist and the Mountain Pacific Quality Health Foundation Nurse to make a selection of their provider. An additional extension

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of 10 working days may be granted to the family under special circumstances; however, the family must notify the Quality Improvement Specialist in writing of the need for the extension of time.

- I. The Regional Office provides notification to qualified providers in their region of the family's selection. A copy of the Qualified Provider Choice Form is provided to the service provider selected. The selected qualified provider contacts the family within 5 working days to arrange a time to begin the development of the Individual Family Service Plan and the Individual Cost Plan so services can begin.
- J. Individuals on Children's Waiver Services waiting lists not selected by the Regional Screening Committee remain on the waiting list. The individual's Mini-MONA does not need to be completed again, unless, the child's needs have changed. The Chair of the Committee notifies those families not selected by letter within 10 working days from the date of the screening of the outcome of the screening and their child's continued placement on the Children's Waiver Services waiting list and the individuals' right to appeal. The Appeal process is defined in Section XIII of this document.
- K. The screening minutes will be retained in the Regional or Developmental Disabilities Program Satellite Office by the Quality Improvement Specialist responsible for monitoring the agency.
- L. The Quality Improvement Specialist and a registered nurse, if needed, (at the discretion of the Quality Improvement Specialist) conducts an annual Children's Waiver Services level of care re-determination of the child to determine ongoing eligibility and need for Waiver Services.

VIII. Porting and Transitioning Children's Waiver Services

Children's Waiver Services are portable and follow the requirements defined in the Developmental Disabilities Porting Policy. The individual can choose to receive services from any qualified provider of children's services, or as an adult, between the ages of 18 through 21 and port their Children's Waiver Services dollars to a qualified adult provider. Before the individual's 22nd birthday, they must choose an adult provider and exit Children's Waiver Services. The individual's current cost plan will be the dollar amount the individual has available to them when transitioning to adult services.

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- A. At least annually and at every plan of care team meeting, individuals and their families receiving Children's Waiver Services may choose to port their services at any time to a different qualified provider in the region where they live or in a region where they are re-locating. Because the plan of care must be evaluated, revised or rewritten in response to the individual's needs or as otherwise necessary, a family may request a team meeting at any time.

- B. If a family chooses to port their Children's Waiver Services to another qualified provider, the family must give a 90-day written notice to a representative of their current provider. If assistance is required in preparing the written documentation and the provider is not able to provide assistance, the family may contact the Regional Office and the Regional Manager will assign a staff member to assist with the preparation of the written documentation. The 90- day waiting period may be waived by the current provider if requested by the family and both parties agree to waive the waiting period. The provider will notify the Regional Office of the intent to port.
 1. The Regional Office assigns a Quality Improvement Specialist to the family and provides a current list of qualified providers in their region. The Quality Improvement Specialist facilitates scheduling interviews with the family and potential qualified providers, reviews the Waiver 5 Form with the family and provides additional information, brochures, and materials, as needed.
 2. The family may select a qualified provider or the Regional Office will implement the provider rotation process pursuant to Section V, A. 4.
 3. The individual ports with the annualized dollars available in his or her Individual Cost Plan.

- C. The family has 10 working days following their contact with the Quality Improvement Specialist to make a selection of their provider. An additional extension of 10 working days may be granted to the family under special circumstances; however, the family must notify the Quality Improvement Specialist in writing of the need for the extension of time. The Quality Improvement Specialist will notify the family in writing of their decision. If the family requires assistance in preparing the written documentation, they may ask for assistance.

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IX. Assurance of Family's Choice of Qualified Provider of Children's Waiver Services

Service Agreements approved by Developmental Disabilities Program and used by providers include language for verification that the individual and their family receiving Children's Waiver Services: 1) have been notified that Children's Waiver Services are portable; 2) was given a copy of the Developmental Disabilities Program's list of qualified providers in their region; 3) may choose their provider from among the Developmental Disabilities Program's list of qualified providers of Children's Waiver Services in their region; 4) identifies the family's choice of provider; and 5) signs or designates an individual's representative who signs the agreement. Service Agreements will be executed at least annually, or whenever the plan of care must be revised in response to the individual's needs or as otherwise necessary, and attached to the Individual Family Service Plan. Service Agreements do not replace the Waiver 5 Freedom of Choice requirement but in fact enhance provider choice by documenting that each individual and their family has a list of qualified providers in their area.

X. Children's Waiver Services Crisis Funds

Monies not utilized from an individual's cost plan must be held by the provider for crisis situations. Providers must manage all crisis and ensure the health and safety of children in their services. Any crisis funds not utilized by the provider will be returned to the state at the end of the fiscal year.

XI. Exiting Children's Waiver Services:

- A. The Planning team develops transition goals to support the individual and family when exiting Children's Waiver Services, as appropriate.
- B. The Developmental Disabilities Program Exit Policy, is incorporated herein by reference and must be followed.
- C. Children's Waiver Services are contingent on the following: the individual must retain Medicaid eligibility, must have a Developmental Disability as defined in state statute and must continue to meet level of care requirements specified in the Waiver.
- D. Before the individual's 22nd birthday, they must choose an adult provider and exit Children's Waiver Services with their current cost plan (ICP) as the transition funding amount.
- E. The provider notifies the Regional Office of any Children's Waiver Services vacancy and the Regional Office notifies the Eligibility and Referral Specialist

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who will document the opening and notify the region when a resource allocation is available for screening.

XII. Children's Waiver Service and Family Education and Support Services Exchange Policy

Service exchanges between recipients of Family Education and Support and Children's Waiver Services are not permitted. Entry into Children's Waiver Services must follow the screening process outlined in this document.

XIII. Appeal Process:

In the case of an adverse decision by the Screening Committee, upon receipt of notice the family or person representing the interest of the child may file a written appeal with the Developmental Disabilities Program Director/Administrator within 10 working days. The Director/Administrator will convene the Screening Review Board whose members are: the Child and Family Specialist, the Waiver Specialist and a Bureau Chief. The Board must convene within 10 working days upon receipt of the appeal and must notify the Director/Administrator within 2 working days of their decision. The Director/Administrator must notify the family within 2 working days of the Board's decision.


1. Within 5 working days from the date of the written request for review by the Board, the Regional Screening Chairperson must submit to the Screening Review Board all screening materials.
2. Decision of the Screening Review Board Protocols:
 - a. No materials will be reviewed by the Board that were not available to the original Screening Committee.
 - b. Decision of the Board is based on a majority vote determination.
 - c. If the Board determines in its review that there were no screening procedural failures, then the Board will affirm the Screening Committee procedure.
 - d. The Screening Review Board will send written notification of its decision to the Developmental Disabilities Program

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Director/Administrator within 2 working days.

3. The Developmental Disabilities Program Director/Administrator will give written notice within 2 working days of the Screening Review Board's decision to the parties involved in the appeal, including the Regional Screening Committee Chairperson. Additionally, the written notice will include reference to the advocacy services that are generally available in Montana for children with Developmental Disabilities and their families.
4. Decisions of the Screening Review Board may be appealed through the Department's Fair Hearing process as provided in 37.5.115, et. seq., ARM, by the family whose selection is at issue or by the individual's representative.
 - a. Other persons or entities may not appeal an adverse decision of the Screening Review Board as provided in 37.5.115, et. seq., ARM.


 Director, Developmental Disabilities Program

6-15-11
 Date


 Web Manager, DDP

6/15/11
 Date

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